

Application Data Sheet

Application Information

| | |
|----------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | |
| Title :: | NO-NEEDLE BLOOD ACCESS DEVICE FOR HEMODIALYSIS |
| Attorney Docket Number:: | SUGIY0004 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 8 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|----------------------------|----------|
| Applicant Authority Type:: | Inventor |
|----------------------------|----------|

Primary Citizenship Country:: JAPAN
Status:: Full Capacity

Given Name:: Akio
Middle Name::
Family Name:: KAWAMURA
Name Suffix::
City of Residence:: Sapporo-shi
State or Province of Residence::
Country of Residence:: JAPAN
Street of mailing address:: 2-75, Tsukisamu-Nishi 2-jo, 10-chome,
Toyahira-ku
City of mailing address:: Sapporo-shi
State or Province of mailing address::
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone Number:: (703) 979-5700

Fax Number:: (703) 979-7429

E-Mail address::

g&s@szipl.com

Representative Information

| | | |
|---|-------|--|
| Representative Customer Number:: | 24203 | |
|---|-------|--|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-----------------------|--------------------------|-----------------------------|-----------------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|------------------|-----------------------------|----------------------|---------------------------|
| JP | 2002-354517 | 12/6/02 | Yes |

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::